

ART. II.—OTHER SYMPTOMS OF NEURASTHENIA (NERVOUS EXHAUSTION).

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IN a paper read before the New York Academy of Medicine, and published in the *Virginia Medical Monthly* for June, 1878, I described certain symptoms of Neurasthenia (nervous exhaustion) as follows:

Tenderness of the scalp (cerebral irritation, cerebrasthenia); tenderness of the spine (spinal irritation, myelasthenia); tenderness of the teeth and gums; tenderness of the whole body (general hyperæsthesia); general or local itching; abnormalities of the secretions; vague pains and flying neuralgias; flushing and fidgetiness; tremulous and variable pulse with palpitation; sudden giving way of general or special functions; special idiosyncrasies in regard to food, medicine, and external irritants; sensitiveness to changes in the weather; a feeling of profound exhaustion unaccompanied by pain; ticklishness; desire for stimulants and narcotics; insomnia; nervous dyspepsia; partial failure of memory; deficient mental control; seminal emissions; spermatorrhea; partial or complete impotence; changes in the expression of the eyes and countenance; mental depression, with general timidity; morbid fear of special kinds, as agoraphobia (fear of places); astraphobia (fear of lightning); sick headache and various forms of headache; disturbances of the nerves and organs of special sense; localized peripheral numbness and hyperæsthesia; general and local chills and flashes of heat; local spasms of muscles.*

The above list is not only not exhaustive, but a number of

*Some of these symptoms, but not all of them, were described in my original paper on "Neurasthenia," published in the *Boston Medical and Surgical Journal*, April 29, 1869. I may refer also to a paper on "The Nature and Diagnosis of Neurasthenia," in the *New York Medical Journal*, March, 1879; and to Erb's chapter on the same subject, in volume XIII of Ziemssen's *Cyclopedia*.

the phenomena embraced under the various heads have been described thus far but incompletely.

I purpose, in the present essay, to supplement the clinical picture of this very frequent and little studied nervous disease by analyzing somewhat more in detail some of the symptoms already noticed, and by describing others that, so far as I know, have not been previously described, at least, not in their relation to neurasthenia.

Some of the above symptoms, when they are mentioned at all in works on diseases of the nervous system, have been and now are referred to under such headings as cerebral anæmia, or hyperæmia, or general anæmia, or hysteria, or hypochondriasis, or oxaluria; and some of them are mentioned in connection with structural lesions, as ataxy and muscular atrophy, and by many are regarded as essential parts of the clinical image of these grave disorders.

DEFICIENT THIRST AND CAPACITY FOR ASSIMILATING FLUIDS.

Quite recently a physician who consulted me in regard to himself, called my attention to the highly interesting fact that he rarely drank water either at meals or between meals; and he stated that the average quantity of liquid that he consumed was far below the normal standard. Investigation of other cases of neurasthenia has convinced me that this deficiency of thirst is one of the symptoms of that state, and it would appear that it is not an unusual symptom, but exists in not a few cases; there are many who for years have a poor appetite for fluids as they have a poor appetite for solid food; they live on a small quantity of liquid, and, perhaps, without suspecting it until their attention is directed to the fact. There are those who find that if they take much liquid the stomach suffers even when little or no solid food is mingled with it. One advantage, with some disadvantages, of the free use of beer with our German friends is in the quantity of fluid that they thereby imbibe—the water of the drink more than the alcohol. Drinking milk has a similar advantage.

When we remember that the body is composed mostly of water, we can easily see that there is a danger of starving for

want of simple liquid, just as, under the influences of our civilization, we are starving for want of fatty food.

There is no question that the Europeans, who are far less nervous than the Americans, use far more liquid nourishment; and it is also a fact, more and more impressed on my mind, that many neurasthenic patients are very temperate, if not total abstainers, and some abstain even from tea and coffee.

ABNORMAL DRYNESS OF THE SKIN, JOINTS AND MUCOUS MEMBRANES.

In some cases of neurasthenia the skin of the whole body is unnaturally dry; this is especially and most readily noticed in the hands, but all parts of the surface may present this peculiarity. A scaliness or scurfiness may accompany this dryness, as though there were a deficiency of fluids and of sebaceous secretion. There would also appear to be a relation between this condition and a disinclination to drink, or use fluids freely.

A young lady of twenty-one, in addition to many other neurasthenic symptoms, had dryness of the scalp, eyes and ears, especially in the morning; her eyes and ears would be dry and hot, and in the ears a thin skin would form, and fine scales would be thrown off. These symptoms were not constant; they would leave entirely for a number of days, and then, without any apparent cause, return—thus following the law of all other symptoms of neurasthenia.

Dryness of the joints is also observed in the nervously exhausted. How the joints may suffer in grave spinal diseases, such as ataxy, is well known; but in these functional maladies of which neurasthenia is a type, the joints may suffer, though in a less severe manner. Deficiency of the secretion, with dryness and cracking sound on movement, I have noticed in a number of cases; in one striking case of musician's cramp, cracking of the joints is noticed in the affected fingers.

SWEATING HANDS, WITH REDNESS.

Sweating of the hands—of the palmar surface, or of the entire hand—palmar hyperidrosis—is a symptom of neurasthenia at once so interesting and so frequent, that I wonder that the literature of the subject is so meager.

Very frequently indeed this symptom is one of the results and accompaniments of sexual debility, especially when caused by masturbation; but it can hardly be regarded as diagnostic of sexual exhaustion, nor would I, on that fact alone, decide that the genital system was primarily at fault. This phenomenon—abnormal perspiration of the hands—is certainly more common in males than in females, although it occurs, as, indeed, all forms of hyperidrosis occur, in both sexes. The milder phases are common enough, but there are severe manifestations that this symptom may assume, which seem well nigh beyond belief. Thus a young man now under my care is so distressed thereby that he threatens suicide unless he is permanently cured. In his case there are various evidences of a bad inheritance, a poor constitution, although this palmar sweating is just now the only very annoying expression of the depraved diathesis. A young lady in the northern part of the State is compelled to take a number of handkerchiefs with her when she goes to school, and on her return they are all saturated from the excessive perspiration of her hands. My friend, Dr. Josiah Roberts of this city, tells me that in a similar case, lately brought to his attention, there was clear proof of uterine disease.

The intimate relation of this symptom to the nervous system is shown in many striking facts. Thus one young man who consulted me would be attacked periodically—at ten and four o'clock—and whenever he was at sea the symptom would utterly leave him. In one of my cases the slightest emotion would instantly saturate the hands as thoroughly as dipping them in a pail of water. The effort to shake hands is sufficient to produce this effect. Redness of the whole hand—erythema—sometimes attends this palmar sweating, and in one of my cases the ears are as red as the hands.

CONVULSIVE MOVEMENTS, ESPECIALLY ON GOING TO SLEEP.

Nervous sufferers, just as they are dropping off to sleep, are sometimes suddenly and painfully awakened by a violent, spasmodic movement of an arm, or leg, or of the whole body. This appears without any warning, and is most likely to occur when preceded by unusual excitement or fatigue. In

some cases there will be a recurrence of these spasms, so that much difficulty is experienced in getting to sleep. I have known instances where the whole body seemed to be thrown off the bed, or rather, the sensation was as though the body were projected upward. This symptom is not so alarming as some of those who experience it believe. It indicates an exhausted, a worn condition of the nervous system; but it is not as ominous for evil as many other phenomena that belong to the nervously exhausted state. A friend of mine—a public speaker, constantly before audiences, and always at work—with a frame of unusual size and an extraordinary capacity for enduring mental excitement and toil—tells me that with all his vigor he has been annoyed by these jerkings on falling to sleep, although he has no other evidence of neurasthenia.

It is probable that these convulsive symptoms on dropping to sleep are the effect and sign of congestion in the exhausted nerve centres, and occur while passing out of the waking into the sleeping condition, because the inhibitory or controlling power of the waking state is removed.

ATONIC VOICE.

When neurasthenia lays its hands on a man it is liable to leave its impress on every organ and function of the body; from the crown to the toe there is not a fibre that is safe from attack. If some parts escape in one individual, they suffer in others. If at one stage of the malady certain regions are unaffected, it may be only that they may be attacked with all the greater violence at another stage. Thus the hair, the scalp, the eyes, the ears, the nasal and respiratory passages; the brain, in whole or in part, the cranial nerves, the heart, the spinal cord in any portion, the sensory and motor nerves, the stomach and bowels, the reproductive system, the skin, the nails, the secretions, the excretions, the absorbents—all are objects of assault.

It is not strange, therefore, that there should be a neurasthenic voice, just as there is a neurasthenic eye, a neurasthenic stomach and genitals. The chief peculiarity of the neurasthenic voice, is softness, faintness, want of courage and clearness of tone. These terms, though vague, express per-

haps, as well as it is possible to do in words, how this voice deviates from the normal voice, but at best verbal descriptions are faulty, and far inferior to even a single living illustration. To a physician accustomed to see these cases and to observe the voice, there is but little difficulty in at least suspecting the diagnosis by this symptom alone. This neurasthenic voice somewhat resembles the peculiar voice of the deaf; and yet it is not precisely like that, and can usually be distinguished from it. A neurasthenic sufferer may have the muscle of an athlete, and be so strong that a hard day's toil is but play, and yet speak in a voice which in quality and volume of sound suggests the beginning of convalescence from a severe fever.

"The voice," says Emerson, "is a delicate index of the soul," and with scientific truth the same philosopher asserts, that the orator can often tell by the quality of his own speech, at the beginning of an oration, or sermon, whether he is or not in the mood of speaking, whether he is to be eloquent or utterly fail.

A dissolute life, especially in women, always registers itself in the voice, impressing a coarseness that in its quality is almost diagnostic. The queens of song are never grossly impure.

OXALATES AND URATES IN THE URINE.

The relation of oxalate of lime to various nervous symptoms was long ago pointed out by Golding Bird, and the importance of examining the urine for the deposits of the oxalates was strenuously insisted on by him; but the true relation of such deposits to the nervous system seems not to have been fully understood either by him or by those who have since written on the subject.

As a matter of routine I have, for years, been accustomed to have the urine of my neurasthenic patients examined, and in the majority of cases it is found that the oxalates, and in some cases, the urates, are in great excess. Amorphous urate deposits are noticed, also uric acid crystals.

The term "oxaluria," so often applied to this condition, is quite analogous to the term "spinal irritation," as applied to tenderness of the cord with accompanying symptoms, so often

observed in neurasthenia. To the employment of such terms there can be no objection, provided those who use them understand that in scientific strictness they do not mean disease of a distinct character, but are really results and expressions of neurasthenia, mal-nutrition of the nervous system. The urine of the neurasthenic is often, if not usually, abnormally acid; and spermatozoa are frequently found even when there is no special reason on the part of the patient, or of the physician, to suspect any marked degree of seminal weakness. In a philosophic sense these oxalates and urates, and the acidity and spermatozoa, are like spinal irritation, cerebral irritation, neurasthenia, asthenopia, and dyspepsia, results, effects, in a word, symptoms, and if the cause at all of other symptoms, are but secondarily so.

GAPING AND YAWNING.

As evidences of temporary fatigue, gaping and yawning are familiar enough even though their physiology may be obscure. In organic disease of the brain also, frequent and prolonged gaping has been noticed.

In one case of glosso-labial paralysis that I saw a number of years ago, this symptom of gaping was so frequent, and the act so prolonged, as to be ludicrous.

In neurasthenia, gaping, yawning, and stretching may appear like the other symptoms mentioned, and like them also the attacks come and go; they are quite apt to follow over-exertion or excitement, even when there has been no loss of sleep. A neurasthenic patient, now under my care, tells me that after long reading a newspaper in the morning after breakfast, he is troubled with gaping, though no other evidence of weariness annoys him; in his case the eyes are asthenopic, and prolonged use sometimes brings on various symptoms.

DILATED PUPILS.

Dilatation of the pupils is so often seen in neurasthenia, especially in the sexual forms, that it may be considered as an important fact to be noted in the study of a case. I do not look upon this symptom as in any sense diagnostic, although it is so often associated with a history of genital disturbance, for there are cases of sexual exhaustion where it does not exist,

and it sometimes exists where there are no proofs of sexual trouble.

Abnormal activity of the pupil—sudden and frequent alternations between contraction and dilatation—is a sign of neurasthenia, or, at least, of nervous irritability, of perhaps more importance than mere dilatation, just as in organic diseases of the cord, sluggishness of the pupils, slowness to contraction or dilate, has been recently suggested as a better diagnostic sign than mere contraction of one or both pupils.

SHOOTING PAINS SIMULATING THOSE OF ATAXY.

If there be any difference between the familiar shooting, lightning-like pains in the extremities that have so long been considered as peculiar to ataxy, and the shooting pains of neurasthenia, I have not been able as yet to find it out. Generally these neurasthenic pains are milder than those of ataxy, but this average fact does not interfere with the fact of observation, that this difference in degree is not of itself sufficient to make it possible to establish the differential diagnosis; for the shooting pains of ataxy are by no means always severe, and in many cases of the disease do not exist at all. The mistake of writers in so strenuously insisting on the diagnostic importance of these shooting pains has been, and is, the source of terrible annoyance to physicians, especially who happen to be themselves sufferers from these neurasthenic symptoms.

The same remark applies to fibrillary contractions, which have been looked upon as indicating muscular atrophy, but which, as I have elsewhere stated, may consist of one of the many symptoms of neurasthenia.

PECULIARITIES OF PAIN IN THE BACK.

In neurasthenia all parts of the back may be the seat of pain, although certain districts are more affected than others. There may be tenderness when there is no pain, and conversely pain, even severe pain, when there is no tenderness. There may be much distress in the loins and over the hips, when careful examination shows no tenderness anywhere.

This pain in the hips and loins is something quite different from ordinary neuralgia or sciatica; it rather resembles muscular rheumatism or a common cold, and is indeed often con-

founded with one or both of these diseases even by able diagnosticians. The liability to confound irritation of the upper part of the spine at the nape of the neck with rheumatism is very great; the symptoms, indeed, are quite the same—pain, stiffness, aching, inability to move the head without discomfort. Sometimes this condition perfectly simulates wry neck, and is mistaken for it. One of the very ablest neurologists in Germany, on being consulted by a case of irritation in the upper part of the spine, made diagnosis of rheumatism, and treated the patient accordingly. This back pain, and the tenderness that may or may not accompany it, fluctuates like all these neurasthenic symptoms; to-day they are present in full force, to-morrow they are all gone, but, on any provocation, are liable to return. They fly about in every direction; now just below the shoulder-blade; now in the centre of the spine; and at another time between the shoulder blades, or in the middle lumbar region; sometimes with heat and burning, at others with biting, penetrating sensations, or a feeling as though ants were crawling just under the skin.

HEAVINESS OF THE LOINS AND LIMBS.

One of the most frequent complaints among the neurasthenic (myelasthenic form) is heaviness and vague aching of the loins and limbs, and sometimes of the whole body. This is a symptom hard to define in exact words, but it is very common, and it is a cause of great distress. This symptom is quite apt to follow over physical exertion, as in walking or standing, but may come on without any apparent or special exciting cause. This feeling so closely resembles rheumatism that it is often confounded with that affection by those who are unfamiliar with neurasthenia, and even one well acquainted with nervous exhaustion in all its forms, might, on first being called to a patient, mistake this heaviness and aching for a common cold, or for a rheumatic attack.* I have lately been consulted by a gentleman suffering from myelasthenia, where this aching of the lower part of the back and loins are almost the only subjective symptoms. In sexual exhaustion pains in the loins

*How the symptoms of ataxy have been, and are, mistaken for rheumatism is well known to the physician.

and limbs, not amounting to neuralgia but sufficient to be a severe annoyance, are frequent enough, but they are not restricted to the sexual variety of neurasthenia.

VARIETIES OF MORBID FEAR (PHOBIA).

There would seem to be almost no limit to the phases that morbid fear may assume in the nervously exhausted. These varieties of diseased apprehension have been observed for years, not only in the positively insane, but in the so-called hypochondriacal and melancholic; but they have not been regarded as worthy of careful scrutiny and analysis; the patients who complain of them have been dismissed, as merely imaginary, and the many accompanying symptoms which, when thoroughly studied, would have shed much light on the condition that gives rise to these morbid fears, have likewise been passed by.

Recently, however, science has endeavored to bring these vague phenomena into the realm of systematic observation, analyzing their minute manifestations, showing their relations and dependencies, and giving them, in certain cases where their frequency and positiveness would warrant, distinct names; thus astraphobia—fear of lightning—was described by me some years since; agoraphobia—fear of places—has been described by Westphal, of Berlin; and, still more recently, I have applied the term anthropobia—fear of society—to that morbid apprehension of going into company, or of encountering human beings in any relation, which is so often seen in the nervously exhausted, especially in those sexually exhausted. One of the many phases of anthropobia is inability to look in the face of one with whom we are conversing; this is seen frequently in sexual exhaustion, as all students of that form of nervous disease know; but it is no more restricted to that type alone than are any of the other symptoms that have been cited. Indeed, any form of exhaustion may give rise to any form of morbid fear, although, so far as I can judge from my own observation, sexual trouble—masturbation and excess—is at least one of the prominent factors in the majority of cases.

The general philosophy of this morbid fear in the neuras-

thenic (cerebrasthenia) would appear to be that the debility of the brain—the nerve impoverishment—renders it impossible to meet responsibility, just as paraplegia makes it difficult or impossible to walk; morbid fear is indeed but a psychical paralysis, but of a functional rather than of an organic nature.

The world over, aversion of the eyes with a turning away of the face, is an expression of the emotion of humility and bashfulness, that is, of a feeling of weakness as compared with the person in whose presence we stand—an instinctive and involuntary recognition of the fact that, for the moment, our force is inferior to his. In neurasthenia this same principle appears as a pathological symptom—an expression of debility, of inadequacy, of incompetence. This aversion of the eyes is so constant a symptom in these neurasthenic patients, that I often make the diagnosis as soon as they enter the office, before a word has been spoken by either party, and even before the patient has had time to be seated. I have now under my care a young man with sexual exhaustion, who is so badly anthropophobic, that even when I take his head in my hands and hold it up, it is impossible to keep his eyes fixed on mine for more than an instant. A very intelligent and able friend now under my professional care, displays this same characteristic, and I have often talked with him in regard to it.

Some of the phases of this morbid fear are very interesting and surprising, even to those who are most familiar with the caprices of the diseased nervous system. I have elsewhere published a brief account of the physician who consulted me in regard to himself for long-standing cerebrasthenia, one of the symptoms of which was inability to go away from his home or office, or place where he was stopping, to any considerable distance in a direct line. He had the muscular strength to walk twenty miles, but when summoned to a patient was often obliged to decline to attempt to go even half a mile, which was a great astonishment to his patients, who were aware that even when unable to visit them he could work all day in his garden. Like many of these cases he had a morbid fear of visiting the place where he was first attacked by any of his ill feelings; thus he had been at one time prostrated in New York city, and felt incompetent to come here to consult

me; accordingly I met him by appointment in a distant city. In walking out with him one morning I observed that he continually turned off to the side streets, so as to keep at a little distance from the hotel where we were stopping for the day, and, on my questioning him, he said that he could not go more than half a mile in a straight line, and that therefore he turned into the side streets so as to keep the hotel near at hand; the result was that we walked arm in arm, circumnavigating the hotel at a moderate distance—although not always keeping it in sight. The patient was not at all wearied, although the walk was a long one—in a direct line perhaps a mile or two.

I have now under care a patient whose morbid fear takes just the opposite phase: he cannot go to a certain locality, but can go very near to it, and beyond that point his own will is often powerless to urge him forward. He was first attacked while in a lithographic establishment working at his trade, and from that hour he has found it hard or actually impossible to enter any building devoted to that business. One day he resolved that he would conquer what seemed to him and his friends a foolish whim, and started out for the shop, but on arriving within sight—about the distance of a block—he was compelled to stop; a cordon of policemen could not have been a more effective blockade; resolved not to be beaten, he retired a short distance, and approached the building from another direction, but was again brought up against the imaginary barrier, and so in succession all the points of the compass were tried with absolute failure.

He had a chance to work in Syracuse, and went to the depot to take the train for that city, but on entering the station and going up to the office, he burst into tears, and could not buy his ticket; he tried and tried, and finally gave up and returned home. He could have walked to Syracuse, but he could not reach out his hand and purchase the ticket for his fare. At another time he succeeded in reaching Cincinnati in quest of employment, and was directed to a lithographic establishment where he expected to be employed; but in spite of all his repeated trials he could only come within sight of the building, and he was forced to return to New York.

I have just been consulted by a physician who, as one of the effects and signs of cerebrasthenia, cannot at times undertake any slight responsibility; thus he has sometimes allowed a large number of horse-cars to pass him before he could bring up the resolution to jump on board one of them; and yet his muscular strength at the time was excellent.

Inability to travel alone is one of the myriad forms of morbid fear, and is indeed quite the opposite of anthrophobia, just described. During the past year two cases of this kind have been under my observation—one a clergyman, the other a merchant, and both competent to attend to their respective duties: the first as teacher in a responsible position, the second as partner in a mercantile house; although both suffer, and, for years, have suffered from very many other symptoms of neurasthenia.

HOPELESSNESS.

When a patient is dying in the last stages of consumption or cancer, he is often, if not usually, hopeful; and sometimes he does not abandon the expectation of recovery even when on the edge of the grave. After friends have given up utterly, and the physician only comes to relieve, the patient himself is full of hope.

In functional nervous disorders, that are relievably if not curable, the reverse phenomenon is observed. The patient, even in the earlier and milder stages, is without hope, while the friends laugh at his fears and ridicule him for talking or thinking of his symptoms. A good example is found in an attack of sick headache, but nearly all the neuroses exhibit this phenomenon, in greater or less degree; as for instance, writer's cramp, hay fever, musician's cramp, telegrapher's cramp, and the malady here under consideration, neurasthenia, in its various phases.

In organic, structural and incurable disease, such as cerebral paralysis, paraplegia, etc., the sufferer is far less likely to despair of relief.

The philosophy of this symptom of hopelessness appears to be similar to that of morbid fear, as above described. That is, an instinctive consciousness of inadequacy for the task before us. We are hopeless because our nerve force is so reduced

that the mere holding on to life seems to be a burden too heavy for us. A certain amount of nerve strength is necessary to supply the courage requisite for simple existence. Abstaining from dying demands a degree of force just as the mere keeping in an erect position—standing up without taking a single step—is only possible to those who have a certain quantity of strength. Abstaining from dying, like abstaining from falling, is in one respect a negation only, but neither is possible without an expenditure of force.

The despair of sea-sickness well illustrates this phenomenon. In the short space of an hour, or less, one can be reduced from a state of perfect bliss to perfect misery, simply from the perturbations caused by the motion of the vessel.

One time, when returning from England, our steamer collided with a sailing vessel in such a way and under such circumstances as to give just reason for the belief that we might be in serious peril. In the height of the excitement and alarm a sea-sick passenger came out from his room, where he had been shut up ever since our departure, and inquired what the trouble was all about. He was informed that our steamer was leaking and that we were fast sinking. "If that's all, I'll turn in again," he replied, and went back to his berth, whence he did not emerge until we all landed in New York.

In some cases of neurasthenia this hopelessness is intermittent, periodic, like attacks of inebriety or neuralgia, and these attacks are quite independent of all external conditions, although they may be excited and modified more or less by the environment.

PECULIARITIES OF INSOMNIA.

The different phases of insomnia in neurasthenic patients are exceedingly interesting.

One man finds no difficulty in getting to sleep on retiring, but soon wakes, and must remain awake for the rest of the night. Another man rolls and tumbles for hours before he falls into oblivious slumber, but when once asleep does not usually wake until morning. I was recently consulted for a case of insomnia of many years' duration, where there had never been any difficulty in sleeping after getting to sleep.

Other sufferers report that they sleep in fragments—oases

of repose in a desert of dreary wakefulness—but bad dreams constantly harass them so that in the morning they are less rested than they should be. Why a bad dream should be a bad symptom is not quite clear. Why a man disturbed by indigestion or exhausted nervously by excitement late in the evening, should dream of snakes and monsters instead of green fields and gardens, of death and murder instead of delightful society and experiences, has perhaps only this general explanation, that the normal action of the cerebral cells is designed to be, in the main, pleasurable, and that mental, like physical pain, is a symptom of something abnormal. It is also a question how far dreams are pathological. It would seem that in perfect health—if there be such a state—one might dream even unpleasantly; and yet there is no doubt that savages, and farmers, and, in general, those who live out-doors, depending on their muscles for their subsistence, dream far less than the in-door brain workers. My guide in the woods of Maine and northern New Hampshire, tells me that he very rarely dreams, and one cool, phlegmatic man, whom I met in that region last summer, assured me again and again that he never, in all his life, had a dream that he could recall; and with that class, as a rule, dreams of any kind, good or bad, are exceptional.

Some neurasthenic patients can only sleep by night—never by day, however wearied. Others can sleep by day; often fall to sleep when they especially desire to keep awake, but at night toss in painful activity.

Physical exercise also acts very capriciously with different persons. Thus one of my patients tells me that if he takes a long walk in the evening, he is more restless than usual that night; and yet he is a very strong man, capable of much physical and mental toil.

APPEARANCE OF YOUTH.

Persons afflicted with neurasthenia, very often, and I think in the majority of cases, where the condition is constitutional and long-standing, look younger than their years; they bear the weight of time more easily than the phlegmatic and the strong; and when between, say thirty-five and forty-five, will

pass for five or ten years below their actual age. I have reached this generalization not hastily, but after much observation and reflection. Constantly I find myself astonished when a new patient, whom I have never before seen, tells me his age. I observe that those who have had a long battle with their morbid feelings, who have been perhaps disabled, crippled, exiled by nervous incapacity, look ten years younger than their vigorous friends. The neurasthenic are, as a rule, less wrinkled and worn; they have less fat and muscle that furnish the materials for flabbiness and coarseness of feature. Their skins are thinner and softer, and show the blood more readily. They are also less likely to be attacked with those degenerative changes in the blood-vessels and the skin, that are the signs and results of age. In a word, they look young for the same reason that they live long.

There is a still wider generalization that can be verified—namely, that the nervousness that attends civilization is everywhere accompanied by this appearance of youth. The higher classes look younger than their years, the lower classes look older than their years. Some time since, when I was connected with the Nervous Department of Demilt Dispensary, New York, I noticed that the majority of the patients looked from five to ten years older than they were. This was true of both sexes, and in nearly all forms of nervous disease. Those between twenty and thirty appeared to be thirty-five or more, and only repeated questioning in some cases would convince me that there was not either ignorance or deception. But scarcely any of these patients were neurasthenic, for in that class neurasthenic and allied affections are very rare.